

**Paperwork Reduction Act** - The public reporting and recordkeeping burden for this collection of information is estimated to average 3.1 hours per response.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

<b>Tier One</b>	EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	FOR OFFICIAL USE ONLY	ID#
	<i>Aggregate Information by Hazard Type</i>		Date Received

Important: Read instructions before completing form

Reporting Period From January 1 to December 31, 20\_\_\_\_

Facility Identification	Emergency Contacts
Name _____	Name _____
Street _____	Title _____
City _____ County _____ State _____ Zip _____	Phone (____) _____
SIC Code   □□□□       □□ - □□□□ - □□□□	24 hour Phone (____) _____
Dun & Brad Number	
<b>Owner/Operator</b>	Name _____
Name _____	Title _____
Mail Address _____	Phone (____) _____
Phone _____	24 hour Phone (____) _____

☐ Check if information below is identical to the information submitted last year.

Physical Hazards	Hazard Type	Max Amount	Average Daily Amount	Number Of Days On-Site	General Location
	Fire	□□	□□	□□□	_____
Sudden Release of Pressure	□□	□□	□□□	_____	
Reactivity	□□	□□	□□□	_____	

☐ Check if site plan is attached

Health Hazards	Immediate (acute)	□□	□□	□□□	_____
	Delayed (acute)	□□	□□	□□□	_____

Certification <i>(Read and sign after completing all sections)</i>	Range Code	* Reporting Ranges Weight Range in pounds	
		From.....	To.....
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through ____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.	01	0	99
	02	100	999
	03	1000	9,999
	04	10,000	99,999
	05	100,000	999,999
	06	1,000,000	9,999,999
	07	10,000,000	49,999,999
	08	50,000,000	99,999,999
	09	100,000,000	499,999,999
	10	500,000,000	999,999,999
	11	1 billion	Higher than 1 billion

Name and official title of owner/operator OR owner/operator's authorized representative \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_